

**STATE OF UTAH**  
**INSURANCE DEPARTMENT**  
**STATE OFFICE BLDG RM 3110**  
**SALT LAKE CITY UTAH 84114-6901**

REVISED 11/1/2003

APPLICATION FOR **RESIDENT & NONRESIDENT** ORGANIZATION LICENSE  
**NO REFUND**

Organization license fee in Utah is \$87 per two year period. The organization licensed as an producer must be appointed by a company in order to sell insurance in Utah. The organization licensee shall, within 10 working days, notify the Commissioner of every change relative to the license.

**CLASS: PRODUCER** ☐

LIFE <input type="checkbox"/>	ACCIDENT/HEALTH <input type="checkbox"/>	PROPERTY <input type="checkbox"/>	CASUALTY <input type="checkbox"/>
PERSONAL LINES <input type="checkbox"/>	WORKERS COMP <input type="checkbox"/>	VARIABLE CONT. <input type="checkbox"/>	SURPLUS LINES <input type="checkbox"/>

**CLASS: TITLE PRODUCER** ☐ (**UTAH RESIDENTS ONLY**)

SEARCH <input type="checkbox"/>	MARKETING <input type="checkbox"/>	ESCROW <input type="checkbox"/>
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**CLASS: ADJUSTER** ☐ **INDEPENDENT** ☐ **PUBLIC** ☐

ACCIDENT/HEALTH <input type="checkbox"/>	PROPERTY <input type="checkbox"/>	CASUALTY <input type="checkbox"/>	PERSONAL LINES <input type="checkbox"/>
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**CLASS: LIMITED PRODUCER** ☐

CREDIT LIFE <input type="checkbox"/>	CREDIT HEALTH <input type="checkbox"/>	INV. UNEMP. <input type="checkbox"/>	CREDIT <input type="checkbox"/>
TRAVEL <input type="checkbox"/>	MOTOR CLUB <input type="checkbox"/>	RENTAL CAR <input type="checkbox"/>	GAP <input type="checkbox"/>
VIATICAL <input type="checkbox"/>			

**CLASS: CONSULTANT** ☐

LIFE <input type="checkbox"/>	ACCIDENT/HEALTH <input type="checkbox"/>	VARIABLE CONTRACTS <input type="checkbox"/>
PROPERTY <input type="checkbox"/>	CASUALTY <input type="checkbox"/>	PERSONAL LINES <input type="checkbox"/>

Please **TYPE** or **PRINT** clearly.

1. Legal name of Organization \_\_\_\_\_

2. Business Address (Physical Address)

Street \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

3. Mailing Address (Must be in the same **state** as the business address)

Street \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

e-mail address \_\_\_\_\_

Contact Person for the agency \_\_\_\_\_

4. State of Incorporation \_\_\_\_\_ 5. FEIN # \_\_\_\_\_

6. Have any of the persons named on this application:

(a) Had any professional, vocational or business license denied, suspended, or revoked or restricted by any public authority in this or any other state? ☐ YES ☐ NO

(b) Had such license subjected to a monetary fine by any authority? ☐ YES ☐ NO

(c) Withdrawn any application, or surrendered such a license to avoid any disciplinary action? ☐ YES ☐ NO

7. Have any of the persons named on the application ever been convicted of a misdemeanor or felony involving moral turpitude? ☐ YES ☐ NO

**If the answer is yes to any of the above, please explain on a separate sheet of paper and attach to this application, along with supporting documentation.**

8. List individuals to be added as designees to act under this license. (Use additional sheet if necessary) All agencies are required to have at least 1 designee licensed in the State of Utah.

NAME	LICENSE NUMBER	SOCIAL SECURITY NUMBER

9. Person(s) authorized to add or delete designees to this organization:  
(MUST BE COMPLETE)

Print Name	Signature	Title

Print Name	Signature	Title

10. I hereby certify that I am an owner, partner, or officer of this named organization, that all the information in this application is complete and true to the best of my knowledge and belief, and acknowledge that any misrepresentation or misstatement of facts shall be cause for revocation of this license. By signing this application, I hereby authorize the Commissioner to make inquiry of any person regarding this application.

By:

Print Name	Signature	Title

**POWER OF ATTORNEY OF ORGANIZATION AGENT NONRESIDENTS ONLY**

**KNOW ALL MEN BY THESE PRESENTS:**

That \_\_\_\_\_, an organization desiring to transact business in the State of Utah in conformity with the laws thereof, does hereby make, constitute and appoint the Commissioner of Insurance in the Insurance Department or his successors in the State of Utah, his true and lawful attorney in and for the State of Utah, on whom all process of law, whether mesne or final, and such service shall be taken and held as valid as if served upon the undersigned. This appointment is to continue in force for the period of time in the manner provided by the statutes of the State of Utah.

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Of \_\_\_\_\_  
(Name & Title)

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(Street Address, City, & State)

Is designated as the person to whom the Commissioner shall forward all legal process against this organization served upon him.

IN WITNESS WHEREOF, the undersigned has to these presents caused his name to be subscribed at the city of \_\_\_\_\_

On the day of \_\_\_\_\_ Year \_\_\_\_\_

Applicant's Signature

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**METHOD OF PAYMENT**

Check

Money Order

Debit or Credit Card

Card Type	Card Number	Expiration Date
Name of Cardholder (print)	Signature	Billing Zip Code

## INSTRUCTIONS FOR ORGANIZATION LICENSE

1. Utah Insurance Department **Rule R590-154**, Unfair Marketing Practices Rule) requires that an insurance agency licensed in the State of Utah must either include the word Insurance in its name or reference on all of its communications (i.e. Letterhead, business cards, signage, the manner in which the phone is answered) indicate that they are in fact in the business of soliciting insurance. This does not apply to adjuster or consultant organizations.
2. Complete application (front & back). **ALL** questions must be answered completely. All fees and other forms required must be returned with this application or it will be returned without processing.
3. Current, original letter of certification (nonresidents only) from home state insurance department must be included. We do not accept letters dated over 3 months or within 30 days of renewal for home state. A copy of the home state license is not acceptable.
4. Complete Power of Attorney form (see page 3).
5. If insurance organization is to be licensed as a producer, a certificate of appointment is required from each company represented.
6. All producers designated to represent an organization in Utah must be individually licensed in Utah.
7. License fee in Utah is **\$87** for two years.
8. All nonresident organizations must register as a foreign corporation with the Utah State Department of Commerce. Proof of registration must be submitted at the time of application for an insurance license. They can be reached by phone at **(801) 530-4849**.
9. If your resident state does not license organizations, you will need to get a letter of existence from your home state verifying this in lieu of a letter of certification.

**If you have any questions about this application, we encourage you to contact the Producer Services Division of the Utah Insurance Department, and speak with one of our licensing technicians. The number is (801) 538-3855. You can reach someone Monday through Friday, 8 a.m. to 5 p.m. (except holidays).**

Revised 11/1/2003